EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS Name: FINANCIAL DISCLOSURE STATEMENT **UNITED STATES HOUSE OF REPRESENTATIVES** C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child? D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics EXEMPTION - Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for reporting period? STATUS end of the reporting period? or b. Receive more than \$200 in unearned income from any reportable FILER asset during the reporting period? James Hogedorn U.S. House of Representatives **Employing Office** New Officer or Employee Candidates - Date of Election: New Member of or Candidate for THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" November 6, 2018 State: Minnesoto District: Shared Staff Filer Type (If Applicable): Yes No Yes Yes No Daytime Telephone: For New Members, Candidates, and New Employees Principal Assistant ₹ |X J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years? F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing? E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? FORM B ថ Period Covered: January 1, Check if Amendment U.S. HOUSE OF REPRESENTATIVES A \$200 penalty shall be assessed against any individual who files more than 30 days late. MAY . 1 6 2018 LEGISLATIVE RESOURCE CENTER 18 MAY 22 AM 10: 11 Yes Yes Yes Yes Yes Page 1 of 3 ö Š Š Š Ş X X

								·····							5 ጸ ኖ					
														-1					As	
														TP/Scottrade Inf					Assets and/or Income Sources	
						ľ	1							1					9	
														ا, ک	ASS				ď	σ,
						!								<u> </u>	ASSET NAME				=	BLOCK A
														3	AA M				8	>
														<u></u> _	m				ne :	
- 1														2					ဋိ	
																			TC	
														*	띢				(A)	
																None	>	Т		
										-				-		\$1-\$1,000	₩	-		
														X		\$1,001-\$15,000	0	1		
																\$15,001-\$50,000	-	1		
	_						-	_		-						\$50,001-\$100,000	m		<	
													-			\$100,001-\$250,000	71	1	Value of Asset	
								_								\$250,001-\$500,000	G	-	0	BLOCK B
		·				 		_		_						\$500,001-\$1,000,000	ı	1	Š	×
											_					\$1,000,001-\$5,000,000	_	1	set	
												<u> </u>				\$5,000,001-\$25,000,000	_	1		
																\$25,000,001-\$50,000,000	_			
											i –					Over \$50,000,000	_			
																Spouse/DC Asset over \$1,000,000*	Z	1		
																NONE		1		
											_	\vdash				DIVIDENDS		1		
_	_	-	-					\vdash			_	_	_			RENT		-	_	
									_		-	-	_			INTEREST		-	Type of Income	
-	-	_	-	_	_	—	 —			 —	-					CAPITAL GAINS		-	ું	5
i			-					-		_	-							-	悥	BLOCK C
						_	_	_	_		_	_	_			EXCEPTED/BLIND TRUST		-	Ë	
		_					ļ	<u> </u>	_	_	-		_	X		TAX-DEFERRED		-	Ф	
		;														Other Type of Income (Specify; e.g., Partnership Income or Farm Income)				
														X		None	-[T		
																\$1-\$200	=			
						<u> </u>														
											L						⋜ .	J		
		<u></u>	<u> </u>					_	<u> </u>								V VI VII VIII	íl		
		<u> </u>	<u> </u>			<u> </u>	<u> </u>		<u> </u>					ļļ			٩ ا			
		<u> </u>					1		_							\$15,001-\$50,000	≦ [š		
		_							ļ	ļ				-				:		
		<u> </u>	\vdash					_				_	_				2	1	>	
		-	<u> </u>		<u> </u>	 	 	-	-		-	 	—	 	\vdash		×	1	Amount of Income	
			_		_	\vdash	-	 	_	_		 	 	-			XI XI	1	Ž	8
												_	_	V			-	-	of	BLOCK D
		\vdash					\vdash	\vdash	\vdash					X			_	1	Inc	č
		-		-		\vdash	\vdash	\vdash	_	\vdash	\vdash			\vdash			1	1	Š	
	\vdash	 				 	-				\vdash						_	_1	Ø	
	\vdash		 			 	 		\vdash		\vdash						/ V V VI VII VIII I	3		
	\vdash	\vdash							_	 	 	 	 	 			≤ 2			
														\vdash			≦ 6	ĭ		
									<u> </u>	 	†			1		\$50,001-\$100,000	<u> </u>	۶		
		<u> </u>															Z :	1		
												<u> </u>	Ī				×			
								Ī		ļ						Over \$5,000,000	×			
				_	_	_	_	$\overline{}$	т—	$\overline{}$	$\overline{}$					Spouse/DC Income over \$1,000,000*	¥			

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: James Hogelorn

SCHEDULE D - LIABILITIES

Name:
James
Hogel
2.80
Page 3 of
W

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you are it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

		A		s _Р , ос, л		
		CIA	Example			
		Citibank credit card 2/16	First Bank of Wilmington, DE	Creditor		
		2//6	5/98	Date Liability Incurred MO/YR		
		Revolving Credit	Mortgage on Rental Property, Dover, DE	Type of Liability		
		X		\$10,001- \$15,000	>	
				\$15,001- \$50,000	₿	
				\$50,001- \$100,000	ဂ	
			×	\$100,001- \$250,000	D	\ \
				\$250,001- \$500,000	m	Amount of Liability
				\$500,001- \$1,000,000	71	t of Li
				\$1,000,001- \$5,000,000	<u>බ</u>	bility
				\$5,000,001- \$25,000,000	I	
				\$25,000,001- \$50,000,000	_	
			<u> </u>	Over \$50,000,000	٠	
				Over \$1,000,000* (Spouse/DC Liability)	~	

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting nearly and the current calendary year and two revious years.

period and the current calendar year. First-year candidate	period and the current calendar year. First-year candidates and new employees report positions neigh in the current calendar year and two previous years.
Position	Name of Organization